Student Participation Incentive Plan

Date:

Department Name:

Department Org Code:

Account #:

Fiscal Officer/Delegate Name:

__________________________________________________            ___________________
Fiscal Officer/Delegate Signature            Date

Department Approver Name:

__________________________________________________            ___________________
Department Approver Signature            Date

Purpose of Plan:  *(Explanation of the planned student participation activity/event/survey, etc.)*

Desired Outcome:  *(Goal of plan - Gain information, engage students outside the classroom, encourage collaboration, etc.)*

Incentive Items to be distributed and distribution method:  *(Description, Quantity, Dollar value and Distribution Process)*

Note:  Department acknowledges that if gift cards are used as incentives that the Operational Advance Policy will be followed.